

VA Community Nursing Home (CNH) Exclusion Review Form

To be used for both initial and annual reviews by the CNH Review Team (Updated May 11, 2016)

Name of Nursing Home: _____

Address: _____ City: _____ State: _____ Zip: _____

Six Digit Provider Number (Facility ID#): _____ VAMC: _____

Date of Paper Review: _____ Date of On-site Review by CNH Review Team (if applicable): _____

(This review is from date of standard health inspection dated 8/9/2016.)

This CNH Exclusion Review Form is used to help determine if a CNH should be excluded from participation in the VA's CNH Program. If the CNH fails 4 or more of the 7 sections listed below, then the CNH should be excluded. However these criteria are not comprehensive measures, may not account for corrective actions taken by the CNH, and do not replace sound clinical judgment when making a final decision regarding approval of a CNH to participate in the CNH Program.

About F-Tags: the Center for Medicare and Medicaid Services (CMS) uses an alphabet/numeric designation for each nursing home Standard called an "F-Tag" (eg: F221). "F" pertains to the section of the federal regulations where national nursing home standards are delineated and each Standard is tagged (assigned) a unique number. Typically, State teams conduct annual surveys of CNHs to determine compliance with these Standards. Deficient F-Tags are cited on Form CMS-2567 "Statement of Deficiencies and Plan of Correction". Each deficient F-Tag is also given a Scope and Severity rating that ranges from "A" up to the worst "L". The deficiencies found on each CNH are listed online at: www.medicare.gov/nursinghomecompare

- 1. Deficiencies rated G- L:** Standard: CNH fails this criterion when there are three or more level G - L deficient standards in the current State Survey and subsequent findings as shown in Nursing Home Compare. (Note that G- L deficiencies are equivalent to a Nursing Home Compare "Level of Harm" of 3 or 4.)

F-Tag	Scope and Severity (G – L)	Title/Description	Current Deficiency
			<input type="checkbox"/>
			<input type="checkbox"/>
			Pass
			Fail
Section # 1 Rating			<input type="checkbox"/>
			<input type="checkbox"/>

- 2. Health Requirement Deficiencies:** Standard: CNH fails this criterion when "Total number of Health Deficiencies" are equal to or greater than twice the State average as reported in Nursing Home Compare for the current annual State Survey and subsequent findings as shown in Nursing Home Compare.

	Current # at Facility	State Average
Total Health Requirement Deficiencies		
Section # 2 Rating	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>

3. Staff Treatment of Residents and Facility Licensure: Standard: CNH fails this criterion when there is one or more E-L deficiencies in the current State Survey and subsequent findings as shown in Nursing Home Compare. (Note that deficiencies rated E-F in Scope and Severity are equivalent to Nursing Home Compare “*Level of Harm*” of 2 with “*Some*” or “*Many*” Residents Affected; and Scope and Severity G-L deficiencies are equivalent to a Nursing Home Compare “*Level of Harm*” of 3 or 4.)

[illegible]

4. RN Hours: Standard: CNH fails this criterion when “*RN Hours per Resident per Day*” are below State average. Use Nursing Home Compare information only.

	Current Average at Facility	State Average
RN Hours per Resident per Day:		
	Pass	Fail
Section # 4 Rating	<input type="checkbox"/>	<input type="checkbox"/>

5. Total Nursing Staff: Standard: CNH fails this criterion when “*Total number of nurse staff hours per resident per day*” are below State average. Use Nursing Home Compare information only.

	Current Average at Facility	State Average
Total number of nurse staff hours per resident per day:		
	Pass	Fail
Section # 5 Rating	<input type="checkbox"/>	<input type="checkbox"/>

6. Staffing Deficiencies: Standard: CNH fails this criterion when there is one or more F-Tag deficiencies rated as E – L in the current State Survey and subsequent findings as shown in Nursing Home Compare. (Note that Scope and Severity deficiencies rated E-F are equivalent to Nursing Home Compare “*Level of Harm*” of 2 with “*Some*” or “*Many*” Residents Affected, and Scope and Severity G-L deficiencies are equivalent to a Nursing Home Compare “*Level of Harm*” of 3 or 4.)

F-Tag	Title	Description	Pass	Fail
F353	Nursing	The facility must provide services by sufficient numbers of personnel on a 24-hours basis to provide nursing care to all residents in accordance with resident care-plans.	<input type="checkbox"/>	<input type="checkbox"/>
F494	Nursing Aide Training	Nursing Aides must have completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements.	<input type="checkbox"/>	<input type="checkbox"/>
F495	Nursing Aide Competency	Nursing Aides must have completed a State approved training and competency evaluation program; or a competency evaluation program approved by the State as meeting the requirements; have demonstrated competence through satisfactory participation in a State approved nursing aide training and competency evaluation program and have been deemed or determined competent.	<input type="checkbox"/>	<input type="checkbox"/>
F496	Nursing Aide Registry Verification	The facility must receive registry verification that the individual has met/completed training.	<input type="checkbox"/>	<input type="checkbox"/>
F497	Regular In-Service Training	The facility must complete a performance review of every nursing aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.	<input type="checkbox"/>	<input type="checkbox"/>
F498	Proficiency of Nursing Aides	The facility must ensure that nursing aides are able to demonstrate competency in skills and techniques necessary to care for resident assessments, and described in the plan of care.	<input type="checkbox"/>	<input type="checkbox"/>
F499	Staff Qualifications	<ul style="list-style-type: none"> ■ The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. ■ Professional staff must be licensed, certified, or registered in accordance with applicable State laws. 	<input type="checkbox"/>	<input type="checkbox"/>
Section # 6 Rating			Pass	Fail
			<input type="checkbox"/>	<input type="checkbox"/>

7. Quality Measures: Standard: CNH fails this criterion when **EIGHT** or more of the CMS Quality Measures listed in Nursing Home Compare are worse than the State average. (Note: six **NEW** QMs were added to Nursing Home Compare in spring of 2016)

Quality Measures	Facility Percent	State Average	Flagged (because worse than State average)
NEW Percentage of short-stay residents who made improvements in function.			<input type="checkbox"/>
NEW Percentage of short-stay residents who were re-hospitalized after a nursing home admission.			<input type="checkbox"/>
NEW Percentage of short-stay residents who have had an outpatient emergency department visit.			<input type="checkbox"/>
NEW Percentage of short-stay residents who were successfully discharged to the community.			<input type="checkbox"/>
Percent of Short Stay Residents Who Self Report Moderate to Severe Pain			<input type="checkbox"/>
Percent of Short Stay Residents with pressure Ulcers That are New or Worsened			<input type="checkbox"/>
Percent of Short Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine			<input type="checkbox"/>
Percent of Short Stay Residents assessed and Given, Appropriately, the Pneumococcal Vaccine			<input type="checkbox"/>
Percent of Short Stay Residents Who Newly Received an Antipsychotic Medication			<input type="checkbox"/>
Percent of Long-Stay Residents Experiencing One or More Falls With Major Injury			<input type="checkbox"/>
Percent of Long-stay Residents with a Urinary Tract Infection			<input type="checkbox"/>
Percent of Long-Stay Residents Who Self-Report Moderate to Severe Pain			<input type="checkbox"/>
Percent of Long-Stay High-Risk Residents With Pressure Sores			<input type="checkbox"/>
Percent of Long-Stay Low-Risk Residents Who Lose Control of Their Bowels or Bladder			<input type="checkbox"/>
Percent of Long-Stay Residents Who Have/Had a Catheter Inserted and Left in Their Bladder			<input type="checkbox"/>
Percent of Long-Stay Residents Who Were Physically Restrained			<input type="checkbox"/>
NEW Percentage of long-stay residents whose ability to move independently worsened.			<input type="checkbox"/>
Percent of Residents Whose Need for Help With Daily Activities Has Increased			<input type="checkbox"/>
Percent of Long-Stay Residents Who Lose Too Much Weight			<input type="checkbox"/>
Percent of Long-Stay Residents who Have Depressive Symptoms			<input type="checkbox"/>
NEW Percentage of long-stay residents who received an antianxiety or hypnotic medication.			<input type="checkbox"/>
Percent of Long-Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine			<input type="checkbox"/>
Percent of Long-Stay Residents assessed and given, Appropriately, the Pneumococcal Vaccine			<input type="checkbox"/>
Percent of Long-Stay Residents Who Receive an Antipsychotic Medication			<input type="checkbox"/>
		Pass	Fail
Section # 7 Rating		<input type="checkbox"/>	<input type="checkbox"/>

Summative Assessment: Did the CNH pass 4 or more sections of this Exclusion Review Form? ☐ Yes ; ☐ No

(If “No”, then CNH should not be allowed to participate in the VAMC’s CNH program unless a “*Request for Exclusionary Criteria Exemption*” has been approved by the Medical Center Director, approved by the VISN Network Director, and submitted by the VISN to VA Central Office GEC Operations staff for review and approval.)

Additional information reviewed by the CNH Review Team includes:

Date of most recent State Survey (including Form CMS- 2567; “*Statement of Deficiencies and Plan of Correction*”) that was reviewed: _____

Date of most recent annual Fire Safety Inspection that was reviewed: _____

Plan of Correction submitted by CNH to the State & approved by State regulatory agency? ☐ Yes; ☐ No

Based on review of Nursing Home Compare and other data, is a site visit planned? ☐ Yes ; ☐ No

PROPOSED ACTIONS

<input type="checkbox"/>	Establish contract authorization	<input type="checkbox"/>	Renew/continue contract authorization
<input type="checkbox"/>	Suspend placement of veterans	<input type="checkbox"/>	Remove, transfer veterans on contract
<input type="checkbox"/>	Do not renew/establish contract authorization	<input type="checkbox"/>	Terminate the contract
Comments: 			